



STERLING PUBLIC SCHOOLS
Where kids achieve!
GRADUATE PROGRAM APPROVAL FORM

Please refer to Article VI of the SEA Agreement for complete information pertaining to Professional Development Guidelines. This form must be completed and approved by the Director of Human Resources prior to taking any course in your Graduate Program.

NAME: _____ DATE: _____

POSITION: _____ SCHOOL: _____

COLLEGE/UNIVERSITY: _____ SITE/LOCATION: _____

NAME OF MASTER PROGRAM: _____

UNIVERSITY ADVISOR OR CONTACT PERSON: _____

PHONE NUMBER OF ADVISOR OR CONTACT PERSON: _____

1. IS YOUR PROGRAM THROUGH A COHORT GROUP? _____ YES _____ NO
2. HOW MANY SEMESTER HOURS IS THE PROGRAM? _____ HOURS
3. WHEN DO YOU PLAN ON COMPLETING THIS PROGRAM? _____

My signature gives the Professional Growth Committee permission to review my transcript of credits, past requests for approval of additional training, or any other information contained in my personnel folder which may assist in the processing of this application.

Signature: _____

<u>FOR OFFICE USE ONLY</u>		
CURRENT SALARY SCHEDULE PLACEMENT: _____		
APPROVED OR DISAPPROVED	_____	_____
	Authorized Signature	Date

There are a few other items you need to attach with this document before it will be approved:

1. A list of courses your chosen institution requires in this program
2. A course description of each course in the program
3. Documentation that proves you have been accepted into your Graduate Program